

**Field paintballs only! No outside paintballs will be allowed on the field!**

Field: Paintball Adventure Park, Inc. (referred to as "PAP") Phone: 410-756-1006/ 410-756-4200

**Waiver and Release of Liability**

In consideration of PAP furnishing services and/ or equipment to enable me to participate in paintball games, I agree to the following:

I fully understand and acknowledge that; (a) risks and dangers exist in my use of paintball equipment and my participation in paintball activities; (b) my participation in such activities and/ or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers, or agents of PAP; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of PAP, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify PAP and it's owners, agents, officers, and employees from any and all claims, actions, or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of paintball equipment or my participation in any paintball activity. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have, presently or in the future, for the negligent acts or other conduct by the owners, agents, officers, and employees of PAP.

I have read the above waiver and release, by signing it, and agree it is my intention to exempt and relieve PAP from liability for personal injury, property damage or wrongful death caused by negligence or any other cause.

\_\_\_\_\_  
Name (Print)                      Age              Date of Birth      Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date                                      Address (include city, state, zip)

\_\_\_\_\_  
Parent/ Guardian Signature                      Emergency Phone/ Contact

Email (optional): \_\_\_\_\_